

2019 Susquehanna Valley Team River Runner Participant Information Form

Information is Confidential and will be maintained securely - Please print clearly

Today's Date

DD/MM/YYYY

Participant Name

LAST FIRST MI I Prefer to be called

Participant Address

Street Address Apartment No.

City State Zip

Phone (include area code)

Home Cell Other

Email

Date of Birth

DD/MM/YYYY

If the Participant is under 18 years of age, Parent/Guardian information below is required; signature attests that you agree to maintain control of the minor participant at all times and that you assume responsibility for their actions during TRR event(s).

Parent/Guardian

Last First Signature

Parent/Guardian

Address

Street Address APT No

City State Zip

Parent/Guardian

Phone (circle preferred)

Home Cell Other

Parent/Guardian Email

Veteran Status

I am a Veteran / Active Duty I am related to a Veteran I am a Non-Veteran

Branch _____

Disability Status

I don't have a disabling condition I prefer not to answer

I have a disabling condition What should TRR staff know about your disability today?

TRR adheres to the American Canoe Association's Essential Eligibility Criteria (EEC) for Adaptive Paddlesports

These are available on the ACA website at www.americancanoe.org/?page=EEC

- Breathe independently without mechanical aid or support, Be able to hold your breath for a reasonable amount of time under water (up to 30 seconds), Hold your head and neck up without external braces, Manage your own personal care or bring someone with you to assist,
- Get around on your own (this includes wheelchairs) or with someone's assistance, Be able to follow simple instructions and communicate by yourself or with someone's assistance, Independently exit a capsized watercraft without assistance (we will evaluate this during your first session), and Independently turn from face-down to face-up in the water while wearing a personal flotation device (PFD) without assistance.

By signing this form, I attest that I meet all EEC required to participate in TRR paddle sports programs and I understand that my failure to disclose any EEC I do not meet could result in injury or death.

Please sign this form on the following page

Team River Runner, Inc. Waiver & Release of Liability, and Media Release Agreement

Team River Runner, Inc., and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. “Released Parties” include Team River Runner, Inc., and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, grantors, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place. **In consideration of the undersigned Participant being allowed to participate in any way in Team River Runner, Inc. and/or related events and activities, the Undersigned (“Undersigned” means the Participant, personal representatives, assigns, heirs, and next of kin or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:**

1. ACKNOWLEDGE, AGREE, AND REPRESENT that I understand the nature of paddle sports and related activities and that I am qualified, in good health, in proper physical condition to participate in such activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I warrant conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the trip as planned, I assume all risks inherent in my decision to leave.

2. FULLY UNDERSTAND that: (a) Paddle sports and related ACTIVITIES INVOLVE RISKS AND DANGER OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the NEGLIGENCE OF THE “RELEASEES” NAMED BELOW, (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR A LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Team River Runner, Inc., and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, grantors, sponsoring agencies, sponsors, advertisers, other participants; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND ENDEMNITY

AGREEMENT I, or anyone on my behalf, makes a claim on any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

4. LIFE JACKET USE. Undersigned agrees that Participant shall wear a life jacket when participating in any water-based boating activity. Undersigned understands that not wearing a life jacket is the leading cause of drowning for boating incidents and in many states is required by law. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to wear a life jacket.

5. HELMET USE. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

6. MISCELLANEOUS. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of Maryland and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Montgomery County, MD; and (c) this agreement shall be binding upon the subrogor, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS.
I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

<i>Participant’s Signature</i>	<i>Participant’s Name (please print clearly)</i>	<i>Date</i>

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adult represents they are a parent, legal guardian or legal representative of the Participant.

<i>Minor’s DOB</i>	<i>Parent/Legal Guardian/Representative Signature</i>	<i>Parent/Legal Guardian/Representative Name</i>	<i>Relationship</i>	<i>Date</i>

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

<i>Participant’s Signature</i>	<i>Participant’s Name (please print clearly)</i>	<i>Date</i>

<i>Parent/Legal Guardian/Representative Signature</i>	<i>Parent/Legal Guardian/Representative Name</i>	<i>Relationship</i>	<i>Date</i>